time is high. Further research with a control group is needed to determine costs specifically attributed to BTP.

PMH21

COMMUNITY PHARMACIST ASSESSMENT OF THE QUALITY OF LIFE OF TREATED AMBULATORY DEPRESSED PATIENTS

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As pharmaceutical care progresses, pharmacists must continue to develop their qualitative and quantitative assessment skills. Quality of life (QoL) assessment represents an important part of the overall outcome evaluation in the management of depressed patients. **OBJECTIVE:** The purpose of this prospective study was to document the QoL reported to community pharmacists by treated ambulatory depressed patients. **METHODS:** Pharmacists collected demographic, antidepressant, and SF-36 questionnaire data, and verified each patient's antidepressant treatment for at least three consecutive months. Most patients received their antidepressant drug as their only medication. **RESULTS:** Fifty-seven patients completed SF-36 questionnaires and demographic data forms under the supervision of their community pharmacists. Thirty-five patients were treated with SSRI's while 22 were treated with Non-SSRI's. Patients receiving Non-SSRI's were eight years older on average than those receiving SSRI's ($P < 0.05$). Patients receiving SSRI's scored statistically higher on five SF-36 Scale scores, including physical functioning, role-physical, general health, vitality, and mental health. Physical component summary (PCS) scores were statistically higher for SSRI patients than Non-SSRI patients, with scores of 49.95 and 39.39, respectively ($P < 0.05$). Mental component summary (MCS) scores were similar for SSRI patients and Non-SSRI patients, with scores of 45.02 and 42.48, respectively. **CONCLUSION:** Non-SSRI patients demonstrated a statistically poorer QoL in the PCS and related Scale scores, a finding which is consistent with their older mean age. These data support the avoidance of Non-SSRI therapy in older depressed patients. These data also compare favorably with the findings documented in medical care settings, demonstrating the utility of the SF-36 by community pharmacists in their usual practice settings.

PMH22

CAN THE BRIEF "QOLWM" DISCRIMINATE AMONG MIGRAINEURS IN THE COMMUNITY?

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Many health-related quality of life instruments are not useful in clinical practice because of their length and scoring algorithms. The brief Quality of Life With Migraine (QOLWM) questionnaire was designed as a screening tool for general use by migraineurs. **OBJECTIVE:** To determine sensitivity to discriminate among levels of headache frequency and severity, and medication usage. **METHODS:** The previously validated QOLWM asks about the frequency and impact of seven problem areas. Migraineurs participated in a web-based survey of demographic and headache characteristics, use of prescription and non-prescription headache medications, and quality of life. ANOVA analyses included 994 respondents who completed all QOLWM items. **RESULTS:** Patients experiencing a high frequency of headaches ($P < 0.0001$) and days with severe headaches ($P = 0.0003$) in the previous month also had significantly lower quality of life (higher QOLWM Total Scores) than patients reporting less frequent and severe episodes. Compared to patients without such problems, those reporting nausea ($P = 0.016$), distress with activity ($P < 0.0001$) or light ($P = 0.01$) had lower QOLWM scores. Patients taking prescription medications daily ($P < 0.0001$), or who took prescription drugs at the beginning or during a headache ($P = 0.01$) also had lower QOLWM scores than patients who did not use prescription medications. Patients who took medications only at the headache onset ($P < 0.0001$) had lower QOLWM scores than people who took medication daily. **CONCLUSIONS:** These data suggest that the QOLWM could discriminate among patients with varying headache severity and medication usage. The QOLWM could be useful for headache assessment in clinical practice.

PMH23

HOW MUCH CHANGE IN QUALITY OF LIFE AND SYMPTOM SCORES REPRESENTS A DETECTABLE DIFFERENCE FOR SCHIZOPHRENIA PATIENTS?

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Instrument-based scores are often used as outcome measures. However, little is known about what changes in scores mean in terms of a clinical assessment of improvement or deterioration. **OBJECTIVE:** The purpose of this study was to determine how much change in standard symptom and HRQOL instrument scores represents a clinically detectable improvement or deterioration for schizophrenia patients. **METHODS:** The VA Cooperative Study of Clozapine in Refractory Schizophrenia evaluated 423 patients with clozapine or haloperidol. Symptoms (PANSS) and quality of life (QLS) scales were competed at baseline, 1.5, 3, 6, and 12 months. Changes were calculated as percentage improvement and as changes in a mean 7-point item scale based on clinicians' ratings of patient status compared to baseline. **RESULTS:** Based on clinician-assessed improvements from baseline, PANSS scores improved by 21%; QLS scores by